2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-29-2008 90192 005 ***150.00
P04000158935

FILED

2008 OCT 27 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E034 (10/07)

DOCUMENT # P04000158935

1. Entity Name

HUTCH TOUCH EXHIBIT SERVICES, INC.

Principal Place of Business	Mailing Address
3104 FLOWERTREE RD. ORLANDO FL 32812 US	3104 FLOWERTREE RD. ORLANDO FL 32812 US
2. Principal Place of Business - No P.O. Box #: 3104 Flowertree rd Suite, Apt. #, etc.	3. Mailing Address: 3104 Flowertree rd Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32812 Country: Orange	Zip: 32812 Country: Orange

4. FEI Number 02-0733838 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUTCHISON, MICHAEL J
3104 FLOWERTREE RD.
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name: Michael Hutchison

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DATE 4/30/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

$150.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUTCHISON, MICHAEL J 3104 FLOWERTREE RD. ORLANDO FL 32812	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUTCHISON, MICHAEL J 3104 FLOWERTREE RD. ORLANDO FL 32812	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________________

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

See attached